PAYMENT: Complete	U. S. Government Compariment, Nursea, or stablishments		3bruary 20, 1962)		ICES OTHER THAN PI	ERSONAL	Bu	. Vou. No.	۷.	J 	
Voucher prepared at Rochester, New York June 12, 1959	Voucher prepared at Rochester, New York June 12, 1959 Wouther prepared at Rochester, New York Office and dash Wouther prepared at Rochester, New York Office and dash The UNITED STATES, Dr., Pagee's Account No. 2-1893 The UNITED STATES, Dr., Pagee's Account No. 2-1893 The UNITED STATES, Dr., Rochester 4, New York (Address) (Copy / OF 2 Copy / OF 2	U. S	U. S. Go								
THE UNITED STATES, Dr., Payee's Account No. Z-1893 To Eastman Kodak Company 343 State Street, (Tayso) Rochester 4, New York (Addres) (City) (State) ARTICLES OR SERVICES No. and Date of Daite of Services 4/20/59 Direct Charges through 5/17/59 1959 Provisional G & A Expense	THE UNITED STATES, Dr., Payer's Account No. Z-1893 To Eastman Kodek Company 343 State Street, (hymo) Rochester 4, New York Copy Os Z			(Department, be	ureau, or establishment)			-	PA	ID BY	
The United States, Dr., Payer's Account No. Z-1893	THE UNITED STATES, Dr., Pagee's Account No. 2-1893 To Eastman Kodek Company To Masses Street, Chayso Rochester 4, New York (Address) No. and Date of Color of Co	Voucher prep	oared at	Rochester, Ne	w York June	12, 195	9	-			
The Reverse of This Folks Music are called the state of t	To Eastman Kodak Company 343 State Street, (Payes) Rochester 4, New York (City) (City) (City) (City) No. and Date of Date o	THE IMITED (CTATEC D.	Dayo	is Account No. Z-18	93		1	۲ ۱۷۲۰	134	
343 State Street, (Payon) Rochester 4, New York (Address) (City) (State) No. and Date of Delivery or Service Discount Terms (Enter description, land other information deemed necessary) Discount Terms 4/20/59 Direct Charges through 5/17/59 1959 Provisional G & A Expense PAYMENT: Complete Partial Final Use continuation sheet(s) if necessary No. and Date of Delivery or Service Cost Per Dollers 4/20/59 Direct Charges Cast Per Dollers 6,651 00 292 64 PAYMENT: Complete Partial Final Use continuation sheet(s) if necessary No. and Date of Per Dollers (Sign original only) Complete Partial Government B/L No. Total 6,943 64 (City) that the above bill is correct and just and that payment has not been received. (Sign original only) Contract No. 1NC-143 (Z-1895) Date 7/11/57 Req. No. Date	Rochester New York Copy OF 2				es Account Ivo.			100	8-410	17 58	
Contract No. 1 NC-143 (Z-1895) Date of States Contract No. 1 NC-143 (Z-1895) Date of Z-12 Date of States Contract No. 1 NC-143 (Z-1895) Date of Z-12 Date of States Contract No. 1 NC-143 (Z-1895) Date of Z-12 Date of States Contract No. 1 NC-143 (Z-1895) Date of Z-12 D	Content Cont	10	~~		Parras)			- 1/ 0	OPY /	OF 2.	
No. and Date of Date of Delivery or Service Date of Delivery or Service Center description, item number of contract or Federal aupply schedule, and other information deemed necessary) QUANTITY Cost Per Dollars Cts.	No. and Date of Date of Delivery Order or Services (Enter description, item naturate of contract or Federal supply schedule, and other information deemed necessary) 4/20/59	2	343 State S	treet,	Rochester 4,	New Yor	k				
No. and Date of Delivery or Service (Enter description, item number of contract or Federal supply of Service) schedule, and other information deemed necessary) 4/20/59 Direct Charges 6,651,00	Date of Service of Per Order of Service of Service		(Add	<u> </u>		(State)					
PAYMENT: Complete Partial Use continuation sheet(s) if necessary Shipped from to Weight Government B/L No. Total 6, 943. 64 I certify that the above bill is correct and just and that payment has not been received. (Sign original only) Date 6/12/59 25X1A Eastman Kodak Company *Payee State of This form must be executed when purchases are made to the company (Signature or initials) Contract No. INC-143 (2-1895) Date 7/11/57 Reg. No. Date Invoice Rec'd. Title ONLY Title ONLY Title Date The reverse of this form must be executed when purchases are made or services secured without wentified; correct for 6,943.64 Contract No. INC-143 (2-1895) Date 7/11/57 Reg. No. Date Invoice Rec'd. The reverse of this form must be executed when purchases are made or services secured without wentien any form Title Date The reverse of this form must be executed when purchases are made or services secured without wentien any form	PAYMENT: Complete Partial Use continuation sheet(s) if necessary Siloped from to Weight Government B/L No. Total 6,945,64 Certify that the above bill is correct and just and that payment has not been received. (Sign original only) Date 6/12/59 25X1A Eastman Kodak Company Per A & ODIVISION Tale Comptroller (Signature or initials) Contract No. INC-145 (2-1895) Date 7/11/57 Req.No. Date Invoice Rec'd. Pursuant to authority vested in me, I certify that this account is correct and proper for 25X1A SIGN ONLY Title Date THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WHITTEN AGREEMENT IN ANT FORM ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional) Paid by Check No. dated 19 for \$ (on Tressurer of the United States in favor of Invoice No. 19 for \$ (on Tressurer of the United States in favor of Universe manual shows.)		Date of Delivery or Service	(Enter description, i schedule, and e	item number of contract or Fede	ral supply sary)	QUANTITY			ļ	
PAYMENT: Complete Partial Use continuation sheet(s) if necessary Shipped from to Weight Government B/L No. Total 6, 943. 64 I certify that the above bill is correct and just and that payment has not been received. (Sign original only) Date 6/12/59 25X1A Eastman Kodak Company *Payee State of This form must be executed when purchases are made to the company (Signature or initials) Contract No. INC-143 (2-1895) Date 7/11/57 Reg. No. Date Invoice Rec'd. Title ONLY Title ONLY Title Date The reverse of this form must be executed when purchases are made or services secured without wentified; correct for 6,943.64 Contract No. INC-143 (2-1895) Date 7/11/57 Reg. No. Date Invoice Rec'd. The reverse of this form must be executed when purchases are made or services secured without wentien any form Title Date The reverse of this form must be executed when purchases are made or services secured without wentien any form	PAYMENT: Complete Partial Use continuation sheet(s) if necessary Siloped from to Weight Government B/L No. Total 6,945,64 Certify that the above bill is correct and just and that payment has not been received. (Sign original only) Date 6/12/59 25X1A Eastman Kodak Company Per A & ODIVISION Tale Comptroller (Signature or initials) Contract No. INC-145 (2-1895) Date 7/11/57 Req.No. Date Invoice Rec'd. Pursuant to authority vested in me, I certify that this account is correct and proper for 25X1A SIGN ONLY Title Date THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WHITTEN AGREEMENT IN ANT FORM ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional) Paid by Check No. dated 19 for \$ (on Tressurer of the United States in favor of Invoice No. 19 for \$ (on Tressurer of the United States in favor of Universe manual shows.)		1	Direct Charg	ges					6,651	.00
Complete Partial Use continuation sheet(s) if necessary Partial Final Use continuation sheet(s) if necessary Partial Final Use continuation sheet(s) if necessary Final Use continuation sheet(s) if necessary Final Government B/L No. Total G, 943 64 Gettify that the above bill is correct and just and that payment has not been received. Gign original only) Differences Differences Gign original only) Date Payee	Complete Partial Use continuation sheet(s) if necessary Shipped from to Weight Government B/L No. Total 5, 945, 54 I certify that the above bill is correct and just and that payment has not been received. (Sign original only) Date 6/12/59 25X1A Eastman Kodak Company Per Strike Comptoliar (Signature or initials) Date 7/11/57 Req. No. Date Invoice Rec'd. Pursuant to authority vested in me, I certify that this account is correct and proper for 25X1A Bay OBIGINAL Title Date The reverse of this form Must be executed when purchases are made of Strukes secured without white the abown, other classification optional) Accounting Classification (Appropriation Symbol must be abown, other classification optional) Paid by Check No. dated 19 for \$			1959 Provisi	ional G & A Expense					292	.64
Shipped from to Weight Government B/L No. Total 6,943.64 I certify that the above bill is correct and just and that payment has not been received. (Sign original only) Date	Shipped from to Weight Government B/L No. Total 6,945.64 It certify that the above bill is correct and just and that payment has not been received. (Sign original only) Date 6/12/59 25X1A Eastman Kodak Company Date 4 C O Division Management (Signature or initials) Contract No. 1NC-143 (Z-1893) Date 7/11/57 Req. No. Date Invoice Red d. Pursuant to authority vested in me, I certify that this account is correct and proper for 25X1A By ORIGINAL ONLY Title ORIGINAL ONLY Title THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional) Check No. dated 19 for \$	Complete Partial		Use co	ntinuation sheet(s) if necessary						
Contract No. INC-143 (Z-1893) Date 7/11/57 Req. No. Date Invoice Rec'd. Sign original only) Approved for \$ Sign Original only) Differences Sign original only) Amount verified; correct for C943 64 A © O D1V1810n (Signature or initials) Contract No. INC-143 (Z-1893) Date 7/11/57 Req. No. Date Invoice Rec'd. Sign Original only Title Comptroller Sign Original only Title Date The reverse of this form must be executed when purchases are made or services secured without written agreement in any form	Certify that the above bill is correct and just and that payment has not been received. Differences	Shipped from	t				· <u>·</u>			6,943	.64
Date *Payce	Date Page	·		(Sign original only)		Differen					
Contract No. INC-143 (Z-1893) Date 7/11/57 Reg. No. Date Invoice Rec'd. Pursuant to authority vested in me, I certify that this account is correct and proper for 25X1A By	Contract No. INC-143 (Z-1893) Date 7/11/57 Req. No. Date Invoice Rec'd. Pursuant to authority vested in me, I certify that this account is correct and proper for 25×1A By	Date	*Payee	to not required when a like	certificate is made by payon on attached bill or bill & O Division	Amo	unt verified;	correct for		6,943	6 K
Pursuant to authority vested in me, I certify that this account is correct and proper for 25X1A Approved for \$ SIGN ORIGINAL ONLY Title The reverse of this form must be executed when purchases are made or services secured without written agreement in any form	Paid by Check No			TitleO.	7-17-1	I (D1811					===
Approved for \$ SIGN ORIGINAL ONLY Title Date THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM	Approved for \$ SIGN ORIGINAL ONLY Title Date THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional) Paid by Check No. dated 19, for \$ [on Treasurer of the United States in favor of Ipayee named above.] [Sign original only)	Contract No. 1.	NC-143 (2-	1093) Date 7/	/11/57 Reg. No.		Date	lı	voice Rec	d.	
SIGN ORIGINAL ONLY Date THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM	Paid by Check No. dated 19. for	Pursuant to author	rity vested in me, l	certify that this account	is correct and proper for 25X1A				16	ila C	2
ORIGINAL ONLY Date THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM	ORIGINAL ONLY Title Date THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional) Paid by Check No. dated	Approved for \$						i(7 50	1/109	
Title Date THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM	Title	Ву			ORIGINAL Title					<u>/</u>	
THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM	THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional) Paid by Check No					<u> </u>	, canum	erried t	بيدرك.	J	
	ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional) Paid by Check No	Title					OUT WRITTEN A	GREEMENT II	N ANY FORM	****	
ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)	Paid by { Check No			:							
	Paid by Cash, \$, on, 19 Payee		ACCOU	TING CLASSIFICATIO	N (Appropriation Symbol must	e shown; oth	er classificat	ion option	al)		
	Paid by Cash, \$, on, 19Payee			+ 42							
	Paid by Cash, \$, on, 19, Payee			**							
	Paid by Cash, \$, on, 19Payee				C.						
	Paid by Cash, \$, on, 19 Payee	•									
	Paid by { Cash, \$										
	Cash, \$, on, 19, Payee		No	dated				payee r	asurer of the lamed above.	United States in f	avor 01
Paid by {		Cash, \$	•	, on				(Eign original	only)		

Approved For Release 2006/05/25: CIA-RDP81B00879R000900040056-2

METHOD OF OR ABSENCE OF ADVERTISING

METHOD OF ADVERTISING

	Advertising in newspapers Yes No .
2.	 (a) Advertising by circular letters sent to dealers. (b) And by notices posted in public places Yes □ No □.
	(If notices were not posted in addition to advertising by circular letters sent to dealers, explanation of such omission must be made below.)
	ABSENCE OF ADVERTISING
	Without advertising, under an exigency of the service which existed prior to the order and would not admit of the delay incident to advertising.
4.	Without advertising in accordance with
	Without advertising, it being impracticable to secure competition because of
	(Here state in detail the nature of the exigency or circumstances under which the securing of competition was impracticable under 3 and 4)
ÎΑ.	Note.—The above form "Method of or Absence of Advertising" is to be used when purchases are made or services secured under roper authority without written agreement in any form. In case of a written agreement (formal contract, proposal, and acceptance, or se formal agreement) Standard Form No. 1036—Revised should be used for abstracting the method of or absence of advertising and ward of contract. (See General Regulations No. 51, as amended.)

16-22000-2 U. S. GOVERNMENT PRINTING OFFICE

Standard Form No. 1035—Revised
Form prescribed by
Comptroller General, U. SApproved For Fine Sources /for Claredras B80879k000900040056-2
September 7, 1950
(Gen. Reg. No. 51, Supp. No. 11)
Services Other Than Personal

CONTINUATION SHEET

11 5	U.S.	Government	$S_{k-1}N_{-}$ 1		20
U, D,		(Department hypers or establishment)	Sheet IVO.	of Bureau Voucher No	•

No. and Date	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	OUAN-	UNIT PRICE		AMOUNT	
No. and Date of Order			QUAN- TITY	Cost	Per	Dollars	Cts
	4/20/59 through 5/17/59	Direct Charges Material-Not subject to Material					
		Handling Expense					
		Purchases - Cost Type		6,651	00		
		Total Direct Charges				6,651	00
		1959 Provisional G & A Expense					ļ
	·	1 4.4% of Manufacturing Cost (\$6,651.00)					
		Total G & A Expense				292	64
						6,943	6
	•						
						,	
	-					į	
						i	
						ļ	